

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HL | | 0-16-01 |
| O.I.P.E. CLASSIFIER | | 12 | 5/11 |
| FORMALITY REVIEW | 108 | 32-916 | 06-22-01 |
| RESPONSE FORMALITY REVIEW | 26 | 535 | 03-05-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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5C-536 5C-4 19/6

35339 U.S. PTO

565 3/6/02